Interim Report
The NC DHHS Communications and Coordination Initiative
Prepared for the North Carolina Study Commission on Aging
By the NC Division of Aging and Adult Services
October 1, 2004

Background Information

At the recommendation of the Study Commission on Aging, the Studies Act of 2001 (S.L. 2001-491, Section 22.1), directed the Department of Health and Human Services, Division of Aging, to study whether counties should designate local lead agencies to organize a local long-term care (LTC) planning process as described in Recommendation 16 of the Institute of Medicine's (IOM) Long-Term Care Task Force Report. Further, the Department was to consider how a lead agency for local LTC planning would relate to other requirements for county planning and LTC, specifically addressing the IOM Task Force recommendations pertaining to local planning and LTC services. The study was due to the General Assembly by the convening of the 2003 General Assembly. To complete the study, which can be found in Appendix A, the Division of Aging (now the Division of Aging and Adult Services) researched planning activities at the local level in North Carolina pertaining to older adults and younger adults with disabilities. The Division of Aging recommended that:

- Counties should be encouraged, rather than required, to designate local lead agencies to organize a local LTC planning process.
- Any effort to promote lead agencies and local LTC planning should take into account the existing infrastructure for planning already present in counties across the state.
- The Division of Aging should work with the LTC Cabinet to implement the *Communications and Coordination Initiative* (a pilot project that would give counties the structure and technical assistance needed to develop and implement a local LTC planning process).
- The possibility of providing State funding to counties to designate local lead agents and undertake LTC planning processes should be considered in the future, when the timing is right.

Session Law 2003-284, Section 10.8F

Session Law 2003-284, Section 10.8 F, calls upon on the Department of Health and Human Services to:

> "implement a communications and coordination initiative to support local coordination of long-term care and shall pilot the establishment of local lead agencies to facilitate the long-term care coordination process at the county or regional level. For those counties that voluntarily participate, the local long-term care coordination initiative shall aid in the development of core services, coordinate local services, and streamline access to services."

DHHS is to submit an interim report on the pilot project by October, 2004 and the final report by October 2005.

In response to this legislative mandate, recommendations by the North Carolina Institute of Medicine, and the interests of various stakeholders, the NC Division of Aging and Adult Services developed the *Communications and Coordination Initiative* with assistance and guidance from the DHHS Long-Term Care Cabinet and a State Team composed of representatives from all DHHS Divisions with long-term care (LTC) responsibilities, including the:

- Division of Aging and Adult Services,
- Division of Facility Services,
- Division of Information Resource Management,
- Division of Medical Assistance,
- Division of Mental Health/Developmental Disabilities/Substance Abuse Services,
- Division of Public Health,
- Division of Services for the Blind,
- Division of Services for the Deaf and Hard of Hearing, and
- Division of Vocational Rehabilitation.

The Initiative is designed to assist two *volunteer* (no funding is available for participation in the Initiative) pilot communities in evaluating their LTC services and in identifying and implementing strategies to strengthen LTC services for older and disabled adults. The Initiative will also promote coordination between the state and local levels.

Pilot Site Selection

On June 4, 2003, Lynda McDaniel, former Assistant Secretary for Long Term Care and Family Services, released a Request for Proposals (RFP) which can be found in Appendix B, to counties and regions interested in participating in the Communications and Coordination Initiative. Proposals were due on July 23, 2003 and required an endorsement letter by the community's Board of County Commissioners. The following communities submitted proposals:

- Cabarrus County (proposed lead agent: Cabarrus County Department of Aging)
- Lincoln and Cleveland Counties (proposed lead agent: Pathways MH/DD/SAS Area Authority)
- Mecklenburg County (proposed lead agent: Mecklenburg County Department of Social Services)
- New Hanover County (proposed lead agent: New Hanover Department of Aging)
- Wake County (proposed lead agent: Wake County Human Services and Resources for Seniors, Inc.)

The LTC Cabinet chose New Hanover and Mecklenburg Counties to participate based on their capacity and willingness to undertake such a project. The Division of Aging and Adult Services held an introductory meeting with the pilot lead agents on October 9, 2003 that included

background information and an orientation to the Initiative. Half-day, one-on-one meetings with the lead agents occurred on October 23 and 24, 2003 to give the counties more individualized and targeted attention.

Pilot Site Activities to Date

Contact information for the two pilot sites can be found in Appendix C.

Mecklenburg County's Status of Seniors Initiative (SOSI)

Lead Agent: The Services for Adults Division of the Mecklenburg County Department of Social Services is the lead agent for Mecklenburg County's pilot project, and they are working closely with the Centralina Council of Governments' Area Agency on Aging which is headquartered in Charlotte.

Goal: The SOSI planning process was developed to build upon work already completed within the county to gather extensive information for a May 2002 *Status of Seniors* report to the Board of County Commissioners (the full report can be found on the SOSI website at http:// statusofseniors.charmeck.org). SOSI expects the end-result of their pilot project to be the creation of an ongoing dynamic process of community strategic planning that every service organization in the county can use in order to set organizational priorities and allocate resources, especially in regards to preparing for the aging of the Baby Boomers. They also anticipate that the project will increase communication and coordination among providers, policy officials, and the private sector. Finally, they hope the pilot project will lead to a Senior-Friendly community that values dignity and independence for all older adults.

Progress: The SOSI project developed a Steering Committee (representing public, for-profit, and not-for-profit providers and organizations, advocates, and consumers) and an Executive Advisory Board (consisting of people in positions with the ability to champion the recommendations of the committee, such as local executives, former legislators, major media publishers and personalities, and the Chancellor of UNC-Charlotte) to lead the effort. The Steering Committee also created a Public Relations Committee which oversaw development of the project website, secured numerous articles in local papers and television coverage of major events, and created press packets on the SOSI project.

SOSI developed its vision and mission statements:

> *Vision:* To foster a senior-friendly community that values dignity and independence for all older adults.

> *Mission:* To engage the community in creating a dynamic plan that enhances the quality of life for older adults by focusing resources on their needs.

The Steering Committee hosted a kick-off strategic planning workshop on November 10, 2003 to promote the Initiative and recruit volunteers. The event attracted over 150 people and included

the breakout of individuals into work groups to begin studying and developing recommendations for the five priority areas:

- facilities and institutions,
- in-home support services (includes information and referral, case management, home health, in-home aide, respite care, adult day care, and adult day health),
- leisure/recreation/socialization services,
- transportation, and
- food and nutrition.

The Division of Aging and Adult Services trained the Steering Team and subcommittee leaders on the use of the Core LTC Service Evaluation Tools (described in the section below on the Department of Health and Human Services' Efforts) and assisted them in developing their vision and mission statements in a training session on December 3, 2003.

From December 2003 - March 2004, the five work groups individually met several times a month to evaluate their respective services (many using the Core LTC Evaluation Tools) and to determine the major barriers and gaps in services. Each work group developed a set of six to ten recommendations for its respective service area. Collectively, the five work groups generated over 30 recommendations. The Steering Team reviewed the recommendations, and in some cases edited and combined recommendations, for use in the March event (please see below in the section on The SOSI Planning Report).

In addition, two outside teams conducted research on the SOSI's priority issues. A team from UNC-Charlotte's Leadership Charlotte Class XXV surveyed human resources directors of local employers about workplace programs for caregivers and the impact of aging on the future workforce. Students from the Master of Public Administration program at UNC-Charlotte also researched transportation, care costs, public safety, and service provision to older adults. These two outside teams each prepared a report with their findings (which can be found on the SOSI website) to inform the planning process.

The SOSI Planning Report: On March 17, 2004, a diverse group of people from all segments of the community (with over 70 people in attendance) met to hear and complete a process to rank, in order of importance, the key service-specific recommendations from the five subcommittees. This ranking formed the basis of the project's Planning Report which was developed by the SOSI with assistance from the Lee Institute and presented to the Mecklenburg County Board of County Commissioners on May 5, 2004 and the United Way Community Work Board on May 19, 2004. The report will also be presented to the Charlotte Chamber and the Charlotte City Council. The Planning Report can be found on the SOSI website.

The Planning Report details the leading concerns realized during the planning process, including:

- The **lack of a centralized structure** for ongoing research, coordinated planning, implementation, and shared accountability leads to fragmentation and inefficiencies among service providers to older adults.

- **Services remain unfamiliar to and underutilized** by older adults, family caregivers, professionals, and the general public.
- Factors such as income eligibility requirements, inflexible programs, waiting lists, and critical workforce shortages **severely restrict the number of LTC options**. As a result, nursing homes and other institutions often become the only affordable option for older adults and their families.
- **Informal caregivers continue to be the primary source of care** for older adults in Mecklenburg County. However, caregivers **need sustained support** to continue in this important role.
- **Services for older adults are limited in scope** in the county and fail to provide options that meet the interests, skills, and needs of a diverse older adult population.
- Many older adults in Mecklenburg County live in **fear of crime**.
- **Access to vital services is limited** for older adults who do not drive and/or who have special needs.

In the Planning Report, SOSI recommends that:

- A **multi-functional organization should be established to serve as a focal point** for strategic planning, information and assistance, care/case management, education, and advocacy.
- Development of systemic, integrated approaches for educating and communicating with key stakeholders about the implications of aging and the availability of services for seniors.
- **Resources for the LTC system should be redistributed** to promote the availability of home care as an alternative to institutional care and to eliminate gaps in the LTC system.
- The **role of informal and family caregivers should be magnified** as a vital part of the LTC system.
- **Options for older adults should be broadened**.
- A **crime prevention program and educational campaign**, with a focus on older adults, should be developed in high-density areas.
- The **transportation system should be transformed** to create an expanded and coordinated range of senior-friendly travel options.

During the overall planning process, an estimated 400 volunteers from across the county dedicated more than 3,600 collective hours to the project.

The Robert Wood Johnson's Community Partnerships Grant Program: SOSI submitted a letter of intent to the 2004 Robert Wood Johnson Community Partnerships grant program and was subsequently invited to submit a full proposal. Out of a total of 486 applicants to the grant program from across the nation, only 28 (including both Mecklenburg County/SOSI and New Hanover County/BRC proposals) were selected to submit a full proposal. Unfortunately the SOSI proposal was not funded.

Future Activities: Between now and October 2005, SOSI will:

- Refine the Planning Report recommendations above and develop implementation strategies for each. SOSI members have begun a process for refining strategies and developing outcome measures. The committee is also identifying specific actions and tasks, engaging stakeholders, and soliciting resources to implement the recommendations.
- Promote the Planning Report to the public and raise awareness of the issues within Mecklenburg County.
- Initiate a work group to bring the interests of younger adults with disabilities into the county's SOSI planning process. SOSI will compare the services for older adults and younger adults with disabilities to identify duplication or gaps and to seek ways to integrate services and opportunities.
- Initiate a work group to study and develop recommendations that will enhance the physical environment to make the community more senior friendly, and improve the quality of life of older adults.
- Engage civic leaders and other diverse stakeholders in SOSI, including professionals from the legal, financial, higher education, and faith communities.
- Examine additional core LTC services from the Institute of Medicine Report, recommendation 11, that impact the lives of older adults and younger adults with disabilities in Mecklenburg County. Members anticipate that mental health will be one of the new issues analyzed.

New Hanover County's Building a Responsive Community Project (BRC Committee)

Lead Agent: The New Hanover County Department of Aging is the lead agent for the New Hanover County pilot project. The lead agent is working hand-in-hand with the Cape Fear Council of Governments' Area Agency on Aging which is headquartered in Wilmington. They have named their pilot project *Building a Responsive Community, Making a Difference*.

Goal: The *Building a Responsive Community, Making a Difference* committee expects that participation in the Communications and Coordination Initiative will result in:
- a stronger, more efficient and effective local service network;
- innovative solutions to long-standing LTC issues and barriers;
- empowered and knowledgeable consumers;
- increased opportunities for community agencies to work together towards common goals; and
- a county plan to reduce fragmentation and duplication of services.

Progress: The Building a Responsive Community, Making a Difference committee began meeting in November, 2003. The committee has a broad and diverse membership. They have been especially successful in involving consumers, advocates, and providers of both aging services and services for younger adults with disabilities.

The committee has a core leadership team, composed of consumers and staff from the New Hanover Department of Aging (Initiative lead agent), the Cape Fear Council of Governments' Area Agency on Aging, the New Hanover County Department of Social Services, the

Southeastern Mental Health Association, WAVE Transit, and the Wilmington Housing Authority. The presiding Chair of the committee is a consumer.

In late 2003, the full committee prioritized the LTC services that they will evaluate during the first year of their LTC planning process:

1. Transportation
2. Mental Health Services
3. Housing
4. Home Health Services
5. In-Home Aide Services

The BRC committee expects to evaluate other core LTC services in future years. Between December 2003 and March 2004, the committee's meetings were made-up entirely of educational sessions on the priority LTC services. The educational sessions allowed committee members to learn about the intricate details of each service and start with an equal and solid baseline of knowledge.

On March 8, 2004, the Division of Aging and Adult Services trained the BRC committee on the use of the Core LTC Service Evaluation Tools.   In addition, the Division of Aging and Adult Services held a second training session on May 10, 2004 to assist the committee in developing their vision and mission statements:

> *Vision:* To build a responsive community that recognizes the needs and choices of aging and disabled adults.

> *Mission:* To partner with consumers, families, providers, and community to create a responsible plan that enhances and values independence, personal choices, and dignity for aging and disabled adults.

Beginning in June, the full BRC committee broke into subcommittees based on the priority services already identified above. Each subcommittee is currently working to evaluate its respective service and then to develop strategic action steps based on the results of the evaluation. The full committee continues to meet once a month to ensure coordination between subcommittees on common issues, barriers, and proposed action steps.

The Robert Wood Johnson's Community Partnerships Grant Program: The BRC committee submitted a letter of intent to the 2004 Robert Wood Johnson Community Partnerships grant program and was subsequently invited to submit a full proposal. As mentioned in the Mecklenburg County section, out of 486 applicants to the grant program, only 28 were selected to submit a full proposal. Although, the New Hanover proposal was not funded, the committee has incorporated some of the ideas from the proposal into their current planning process.

Future Activities: The committee is holding a public forum on September 27, 2004. The goals of the public forum are to further increase consumer and provider input into the process, to increase the knowledge of and gain support from local elected officials, and to gather data from

the community on the priority services. Publicity efforts will be substantial, and the committee is hoping to secure a local TV personality to be part of the meeting.

The committee will continue its subcommittee work in evaluating and analyzing its priority issues. They will write and publicize their strategic plan, based on the results of the subcommittee's work and the public forum, by the end of December 2004.

Non-Pilot Project Sites

Although not selected to be a Communications and Coordination Initiative pilot site, two other communities have begun developing local LTC planning processes and are in contact with the Division of Aging and Adult Services:

Rowan County: At the impetus of the Rowan County Senior Services Department and the Rowan County Department of Social Services, and with technical assistance from the Centralina Council of Governments' Area Agency on Aging, Rowan County has developed a taskforce to determine and promote the county's ability to assist all older and disabled adults. The taskforce has developed its vision and mission statements:

> *Vision:* Rowan County will be a healthy, safe, and kind community of opportunities for older adults and adults with disabilities.

> *Mission:* The Rowan Planning Initiative seeks to enrich the lives of older adults and adults with disabilities through community collaboration that will:
> - Protect health, safety, and independence,
> - Promote creativity, wellness, and self-determination,
> - Identify and prioritize needs and resources,
> - Address needs with established and innovative services/activities, and
> - Deliver services in an efficient and cost effective manner.

Accessibility of information, advocacy, affordable medical services, and housing are the priority issues that will be addressed in this first year of planning. A subcommittee for each priority issue has been developed, and conveners have been selected. Fifteen (15) Core LTC Service Evaluation Tools will be used to analyze and evaluate key LTC services under the priority issues.

The taskforce has received favorable press coverage, which has helped draw additional members. Taskforce members also made a presentation to the Rowan County Board of Commissioners on February 25, 2004 and asked for the Commissioners to make the taskforce a "priority goal" for the coming year.

The Division of Aging and Adult Services trained the taskforce on strategic planning, effectively involving consumers in the planning process, the use of the Core LTC Service Evaluation Tools, and finding and using data for planning activities on September 1, 2004.

Lincoln/Gaston/Cleveland Counties: Pathways MH/DD/SAS Area Authority, the Mental Health Local Management Entity for a three-county area, is coordinating the

Lincoln/Gaston/Cleveland planning committee for LTC. Pathways MH/DD/SAS Area Authority was one of the original applicants to the Communications and Coordination Initiative.

Identified areas of importance include the financial struggles of many older and disabled adults (especially those whose income is just above Medicaid limits), transportation to and from rural areas, availability and appropriateness of residential placements for younger adults with mental illness, and outreach to older adults who do not speak English. The committee has begun meeting, plans to use the Core LTC Service Evaluation tools, and keeps the Division of Aging and Adult Services informed of their progress.

Efforts of the Department of Health and Human Services

In addition to providing extensive technical assistance and training to the pilot sites, the Division of Aging and Adult Services, with assistance from the State Team, developed three key resources for use by the pilot sites as well as by any other community interested in developing a local LTC planning process:

- *The DHHS Communications and Coordination Initiative Webpage:* The Division of Aging and Adult Services created a webpage as part of the state's LTC website to house all of the products and resources developed as a result of the Communications and Coordination Initiative so that other communities could benefit. The webpage includes the Core LTC Service Evaluation Tools and a link to a Planning Basics Notebook as well as general information on the Initiative and links to county-specific data and information. It can be found at:

  http://www.dhhs.state.nc.us/ltc/localplanning.htm

- *The Core LTC Service Evaluation Tools:* The Division of Aging and Adult Services drafted core service evaluation tools for 22 LTC services (all of the LTC services listed in recommendation 11 of the Institute of Medicine's Final Report on LTC as well as three additional services - hospice, social and recreational services, and assistive technology) that were later developed into final versions by the State Team. The core LTC service evaluation tools were designed to assist counties in assessing the existence, adequacy, accessibility, efficiency, equity, and effectiveness/quality of each of the 22 LTC services. Questions in the tools make use of both hard data and the general community's perceptions and knowledge. The pilot sites have been testing the usefulness of the tools, and changes will be made based on the pilot sites' recommendations. The tools as well as instructions for use are available to the public on the Communications and Coordination Initiative's website. The Division of Aging and Adult Services has and will continue to make communities aware of the tools through public speaking opportunities.

- *Planning Basics Notebook:* The Division of Aging and Adult Services developed a Planning Basics resource notebook for communities interested in developing LTC planning processes. The resource includes over 300 pages of information for lead agents on topics such as strategic planning, support for the process, leadership skills, meeting management, involving the community in planning, assembling a successful team,

gathering and using data, and products of planning activities. The Planning Basics Notebook is available for download on the Communications and Coordination Initiative website.

In addition, DAAS held a videoconference on May 11, 2004 to give the State Team additional opportunities to provide technical assistance to the pilot projects as well as to enable the pilot projects to interact and learn from each other. Videoconference sites included UNC-Charlotte, UNC-Wilmington, and UNC-Chapel Hill. Jackie Sheppard, the Assistant Secretary for Long-Term Care and Family Services, was in attendance and spoke to the communities about the importance of their work. As a result of discussions at the videoconference, the Division of Aging and Adult Services, with assistance from the State Team, developed a listing of DHHS Initiatives and Projects that the pilot sites and any other community interested in LTC planning may find useful in coordinating efforts and streamlining planning activities.

Evaluation Activities

DAAS has asked the Jordan Institute of Families at UNC-Chapel Hill to assist with the evaluation of the Communications and Coordination Initiative since they are a third, uninterested party. Tools for phase I of the evaluation, found in Appendix D, will focus on documenting the actual planning process as well as the opportunities and barriers to developing a local LTC planning process for older adults and younger adults with disabilities. In addition, the process will evaluate the extent to which the pilot projects:

- aided in the development of core LTC services,
- caused local planning activities and LTC services to become more streamlined, accessible, and coordinated,
- allowed consumers increased input into LTC planning, and
- increased communication and technical assistance between the State and local interests in the two pilot counties.

Phase I of the evaluation will be completed by the end of the year (2004).

Phase II of the evaluation will be completed before the final report to the Study Commission on Aging in October 2005. It will consist of:

- documenting the continued planning efforts of the pilot projects (if their committees continue planning activities after the pilot is complete),
- analyzing the strategic plans developed by the pilot projects,
- documenting the implementation activities of the pilot projects,
- determining the usefulness of the technical assistance provided by the State,
- evaluating the activities and commitment of the pilot lead agents, and
- assessing the usefulness of the Core LTC Service Evaluation Tools and the Planning Basics Notebook.

Appendix A
2003 Report to the
NC Study Commission on Aging
Regarding S.B. 166 (H.B. 161)

Report to the North Carolina Study Commission on Aging on Designating Local Lead Agencies to Lead a Local Long-Term Care Planning Process

Legislative Request: At the recommendation of the Legislative Study Commission on Aging, which became Section 22.1 of S.B. 166 (H.B. 161), the Department of Health and Human Services, Division of Aging, was directed to study whether counties should designate local lead agencies to organize a local long-term care (LTC) planning process, as described in Recommendation #10 of the Institute of Medicine's (IOM) Long Term Care Task Force Interim Report of June 30, 2000 (Recommendation #16 in the Institute's final report in January 2001). Further, the Department was to consider how a lead agency for local LTC planning would relate to other requirements for county planning and LTC, specifically addressing the IOM Task Force recommendation pertaining to local planning and LTC services. The study is due to the North Carolina Study Commission on Aging before the convening of the 2003 General Assembly.

Background: The primary impetus for the Legislative Study Commission's recommendation and S.B. 166 was the NC Institute of Medicine's *Long-Term Care Plan for North Carolina* and specifically recommendation #16 in the Institute's *Final Report*. The Institute's Task Force on Long-Term Care recommended that "the General Assembly should encourage county commissioners to designate a lead agency to organize a local LTC planning process at the county or regional level." Recommendation #16 specifies that local LTC planning initiatives should include 18 stakeholder groups with interests in the LTC system for older and disabled adults. In addition, the Task Force suggested that local planning processes should be required to (1) review and analyze service utilization data through county data packages; (2) track the flow of consumers from referral to disposition through core service agencies; (3) identify barriers to a comprehensive system of care and services; (4) determine how to design a uniform portal of entry; (5) determine the need for additional core LTC services; and (6) communicate findings to local, state, and federal policymakers. While the Task Force did not specifically recommend funding for local planning, it did set as priorities funding of counties for "transition support" and capacity-building" to support them in implementing the Task Force's recommendations and in making needed system improvements.

Soon after the *Final Report* was released, the Robert Wood Johnson Foundation introduced its Community Partnerships for Older Adults Program, which is designed to help communities develop and sustain comprehensive LTC planning bodies and supportive service systems to meet the needs of their vulnerable older adult populations. This grant program emphasizes planning for LTC at the local level, and 21 communities in North Carolina applied to the Foundation for funding. While none of North Carolina's applicants were funded during the initial 2001 grant cycle, their efforts showed that many communities in North Carolina see the need for and resulting benefits of local planning for LTC.

Approach: To conduct the requested study, the Division of Aging completed the following activities:
1. **Researched current activities at the local level related to planning for older and disabled adults:** In February 2002, the Division of Aging contacted representatives from state agencies to learn more about the required and voluntary planning activities counties and regions currently undertake based on state and/or federal programs and policies. The

responding State agencies included: the Division of Medical Assistance CAP-DA unit, the Division of Services for the Deaf and Hard of Hearing, the Division of Services for the Blind, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, the Council on Developmental Disabilities, the Division of Social Services, the Division of Public Health (and the Healthy Carolinians organization), and the Division of Vocational Rehabilitation Services. In addition, groups such as the NC Association of Area Agencies on Aging and the Governor's Advisory Council on Aging were asked to provide input on other types of planning being conducted in counties across the state (Appendix D offers a summary of local planning entities). This research led the Division to believe that it was important to develop a conceptual framework that would better integrate existing planning activities in a way that is consistent with the Institute of Medicine Task Force's recommendation.

2. **Developed a local LTC planning proposal:** The Division of Aging has developed a concept paper for local LTC planning that is based on Recommendation #16 of the Institute of Medicine's Final Report and on input received from various groups and individuals (please see Appendix A for a copy of the grant proposal submitted to the US Assistant Secretary for Planning and Evaluation's State Innovations grant program, which explains the concept in detail, and Appendix B for a letter of support from the NC Association of County Commissioners). The Division sought funding for the proposal from the Assistant Secretary for Planning and Evaluation's State Innovations grant program. The project is called "*A Communications and Planning Network to Support Families in Their LTC Roles*" and will connect state and local interests committed to LTC planning and reform. The goals of the Network include:

   1. supporting local planning for LTC and its role in accomplishing many of the recommendations outlined in the Institute of Medicine's final report;
   2. learning more about the availability and capacity of LTC core services and client outcomes (at the local level);
   3. facilitating a continuous dialogue and information exchange between the state and communities interested in LTC planning; and
   4. informing and inspiring a joint commitment to action between the local and the state levels to improve the current LTC system.

   The proposed project blends the interests and needs of diverse population groups and governmental units. Many entities will contribute to organizing and implementing the *Communications and Planning Network* in participating counties, including local lead agents and planning teams, a new State Team, and the LTC Cabinet composed of directors of all affected DHHS divisions. The Division of Aging expects to work with two or three counties or multi-county regions in the first year of the project, with additional counties participating in subsequent years. It anticipates that county or regional entities could serve as lead agents. To be considered for participation, interested counties/regions will submit a Statement of Interest and an endorsement letter from their County Commissioners. Participating counties will be selected by the State Team.

   The *Communications and Planning Network* has been favorably reviewed by a diverse set of stakeholders. The proposed project has been presented to the LTC Cabinet, the Governor's Advisory Council on Aging, the DSS Adult Services Committee, and to a group at the NC

Conference on Aging. The project was also discussed with State and regional DSS personnel and at a meeting of the NC Association of Area Agencies on Aging. Lynda McDaniel, Assistant Secretary for LTC and Family Services, distributed a copy of the ASPE grant proposal to various groups in November 2002 and asked for comments on the *Communications and Planning Network*. The proposal continues to be refined based on input from interested groups and individuals.

Major Findings:

1. **Concurrent health and human services planning is occurring at the local level.** In North Carolina, counties already have established infrastructures for planning efforts, but these efforts are typically segmented. A variety of planning bodies responsible for different aspects of LTC services for older and disabled adults are found in counties throughout the state. Each of these planning bodies works under different LTC funding streams. While some local planning bodies work well together to accomplish similar goals as well as specific projects, planning at the local level is generally not well coordinated. A few counties and regions have begun integrating planning efforts with some success. Still, most local planning bodies concentrate primarily on their specific areas of responsibility, and thus no planning body is coordinating the "big picture" of local LTC services, which can result in duplication of efforts and services as well as ineffective resource utilization and fragmentation for consumers.

2. **Counties are continually facing increasing needs.** Local communities are being asked to do "more with less" as the older and disabled adult populations increase while at the same time the service budgets remain constant or, sometimes, decrease. Depending on the county's size, it is now spending hundreds of thousands, if not millions, of dollars on LTC. The escalating public cost of LTC is a serious concern. It is essential that counties understand all aspects of their local systems for LTC and have effective and coordinated strategies for tackling barriers to appropriate, quality, and cost-effective care that supports individuals and families in making choices. Effective local planning efforts will help counties address these major service system issues.

3. **There is a lack of information related to local planning for LTC.** There are few places where counties can go to get useful and detailed information for developing local LTC planning processes that cut across population groups and health and social service programs. Counties in North Carolina need a comprehensive, coherent, and accessible resource for information on developing LTC planning processes, consolidating existing planning processes for efficiency, conducting a needs assessment, creating strategic plans, and sharing innovative strategies for tackling common LTC issues.

4. **Effective local planning does require leadership and the commitment of resources.** Previous experience with local human services planning shows that counties must be prepared to commit the time and resources necessary to support an inclusive, comprehensive and analytical process necessary for systems change. The process also requires accountable leadership. Even without a special funding stream to support local planning, with local will and leadership, some counties and regions have developed planning initiatives that have been quite successful.

Principal Conclusions

1. **Counties should be encouraged, rather than required, to designate local lead agencies to organize a local LTC planning process.** Mandating counties to designate local lead agencies to organize a local LTC planning process without any new funding would likely be counterproductive. Counties must be ready and eager to undertake LTC planning processes in order for their efforts to be useful and effective. Requiring counties who are not ready to begin this process, or who do not have adequate resources to put towards the process, will likely result in resentment and wasted resources and time as well as inadequate planning results. However, designation of a local lead agent(s) that would coordinate a LTC planning process should be strongly encouraged in order to help those counties that are ready to begin the process to realize the benefits related to planning at the local level. In addition, state agencies and policies must provide support and technical assistance to counties that are interested and ready to begin the process. These communities that move forward with local LTC planning can serve as mentors for other communities.

2. **Any efforts to promote lead agencies and local LTC planning should take into account the existing infrastructure for planning already present in counties across the state.** Counties will likely be more responsive to building on existing activities rather than developing completely new planning bodies that do not take into account or assist with other mandated planning activities (such as CAP-DA, HCCBG, and DSS planning bodies). Many state agencies require local advisory/planning committees. State agencies must support the idea that a multi-purpose LTC planning process can serve as the required advisory/planning committee for various specific programs. In addition, flexibility and innovation at the state level may be necessary to tackle any "roadblocks" in state policy that impose restrictions on planning at the local level. The Network's State Team and the LTC Cabinet will have important roles in examining how best to integrate relevant planning activities in support of local LTC planning.

3. **The Division of Aging should work with the LTC Cabinet to implement the** *Communications and Planning Network to Support Families in Their LTC Roles***.** The Network must be implemented on a strictly voluntary basis in counties who have indicated a strong interest in participating. The proposed Network will give interested counties the structure and technical assistance necessary to implement effective planning processes. The LTC Cabinet's role in the Network is vital to the success of the project. The LTC Cabinet will provide direction and assistance with policy issues related to developing comprehensive LTC systems in the counties. The LTC Cabinet will also provide guidance on accomplishing the goals and outcomes of the project and help resolve state policy and program barriers.

4. **The possibility of providing State funding to counties to designate local lead agencies and undertake LTC planning processes should be considered in the future, when the timing is right.** While the Division of Aging proposes to initiate the *Communications and Planning Network* with volunteer counties, it will continue to pursue grants and other sources of support to aid local efforts and facilitate participation by the State Team. The Department will also encourage and support counties in their pursuit of funds for planning and development activities. The LTC Cabinet will further support participating counties by giving them special consideration for future initiatives and grants as they become available.

Appendix B
The Communications and Coordination Initiative's Request for Proposals

Lead Agent(s) Statement of Commitment

I/we commit to serving as lead agent(s) to guide and support the work of the local planning team for at least one year. The responsibilities of serving as lead agent(s) may include the following:

- Providing adequate staff time to lead the local planning efforts;
- Convening the planning team at regular intervals;
- Managing the administrative tasks involved in the local planning process, which may include documenting the steps taken/best practices/barriers/etc. in developing the community initiative, researching issues, taking minutes, mailing meeting announcements, etc;
- Helping keep the planning team energized and working towards established outcomes (established by the Long-Term Care Cabinet) and goals;
- Working with local organizations, leaders, and government officials to ensure that all groups required by IOM Recommendation #16, as well as any other groups that should be involved in evaluating LTC services and developing a comprehensive community LTC system, are included in the planning team;
- Mediating any conflicts that arise during the planning process;
- Attending meetings and teleconferences related to the project. Participating on any listserves, websites, etc. that are created to help communities interact with each other and with State professionals;
- If needed, researching local, state, and national funders for possible grants to help fund any local initiatives that result from the planning process and assuming a major role in applying for potential funds;
- Providing or arranging for needed training for the planning team on special population issues, the IOM recommendations, planning processes, data utilization, etc.;
- Assisting with evaluating the usefulness of LTC data available under the Initiative;
- If determined necessary, ensuring that local data collection is completed according to guidelines;
- Sharing information with the State Team and the LTC Community Interests Group (meetings of all participating communities, State Team members, and others interested in local planning for LTC) regarding the planning process;
- Ensuring that the interests of all affected populations are adequately represented in the planning team; and
- Assisting with evaluating the usefulness of the Initiative.

_____   _____

Printed Name and Signature   Date

_____   _____

Printed Name and Signature if more than one lead agent   Date

Statement of Interest
The Communications and Coordination Initiative
to Strengthen LTC Services

Area To Be Served by Planning Efforts: _____

Lead Agent(s): _____

Contact Person(s): _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please briefly answer the following questions in the space provided:

1. Why is your community interested in participating in the Communications and Coordination Initiative to Strengthen LTC Services?

2. What local human-services and health planning processes are already in place for your community? In what ways will this new planning process work with those established planning groups?

3.   What are the most pressing issues and/or barriers of your community's current LTC system?

4. What do you expect to be the end-result of the planning process for your community?

5. What other agencies and individuals do you expect to participate in the planning process?

Representatives from:	Name(s) and Title(s)	Agency (if applicable)
Department of Social Services		
Health Department		
Area Mental Health Program		
Aging Councils or Departments		
HCCBG Lead Agency		
CAP-DA Lead Agency		
Hospitals		
Home Health and Home Care Agencies		
Nursing Homes		
Assisted Living Facilities		
Adult Day Care/Adult Day Health Agencies		
Group Homes		
Independent Living Programs and Facilities		
Area Agencies on Aging		
Long-Term Care Ombudsman Programs		
Community Advisory Committees		
County Government		
Older Adults		
Persons with Disabilities		
Family Caregivers		
Advocates		
Other		

6. What types of information and technical assistance do you think would best help your community in evaluating its LTC services and in designing strategies to develop a comprehensive LTC system?

7. Please include a letter from your County Commissioners (each set if serving more than one county) naming you or your organization(s) as lead agent(s) and indicating their support of your community's Statement of Interest.

Thank you for your interest in participating in the Communications and Coordination Initiative. If you have any questions, please contact Steve Freedman at the NC Division of Aging, 919-733-0440 or Steve.Freedman@ncmail.net.

YOUR COMMUNITY'S STATEMENT OF INTEREST MUST BE POSTMARKED BY JULY 23, 2003

ATTN: Steve Freedman
Communications and Coordination Initiative
NC Division of Aging
2101 Mail Service Center
Raleigh, NC 27699-2101
Fax: (919) 733-0443
Steve.Freedman@ncmail.net

Appendix C
Contact Information for
the Pilot Sites

Contact Information for the
Communications and Coordination Initiative's
Pilot Sites

Mecklenburg County

Lead Agent: **Mecklenburg County Department of Social Services,**
                   Services for Adults Division

Lead Agent contact information:

Carol R. Baker, PhD, Director, Services for Adults Division, Mecklenburg County DSS
301 Billingsley Road, Charlotte, NC 28211
704-336-3258
bakercr@co.mecklenburg.nc.us

John Highfill, Special Projects Coordinator, Services for Adults Division, Mecklenburg County DSS
301 Billingsley Road, Charlotte, NC 28211
704-336-4109
highfjv@co.mecklenburg.nc.us

Project website: http://www.statusofseniors.charmeck.org

New Hanover County

Lead Agent: **New Hanover County Department of Aging**

Lead Agent contact information:

Annette Crumpton, Director, New Hanover County Department of Aging
2222 South College Road, Wilmington, NC 28403
910-452-6411
acrumpton@nhcgov.com

Appendix D
Evaluation Tools

County or Counties Served: _____

Project Lead Agency: _____

Project Director(s): _____

Project Director(s)' phone: (_____) _____-_____

Project Director(s)' fax: (_____) _____-_____

Project Director(s) Email: _____

Communications and Coordination Initiative to Strengthen Long-Term Care Services
Process Documentation Tool

Project Overview

1. Describe your planning team's leadership structure. (For example, was an Executive or Steering Team created? If so, how was it created, who is on it, and what are its main responsibilities? Does your team have a Chair, Vice-Chair, Secretary structure? If so, how were leaders chosen and what are their roles?)

2. Please list the dates of **full** planning team meetings (not including work group or subcommittee meetings) from November 1, 2003 through June 30, 2004?

3. Did your team develop a mission and vision statement?　❏ Yes ❏ No
   If yes, please send a copy.

4. Did your team establish bylaws or ground rules?　❏ Yes　❏ No
   If yes, please send a copy.

5. Please list the subcommittees or work groups below and fill out the information in the adjacent columns.

Work Group or Subcommittee (use a name describing group function—e.g. "Transportation Work Group" or "Subcommittee on Access to Services")	**Month Established**	**Month Ended (or ongoing)**	**Approximately how many times did this group meet** November 1, 2003 through June 30, 2004?

6. Were the issues for which you identified work groups the same issues identified in your proposal under question 3. "What are the most pressing issues and/or barriers of your community's current LTC system?"

   ❒ Yes   ❒ Partly, but not entirely   ❒ No, entirely or almost entirely different

7. Please provide a brief timeline of your overall planning team's major activities. Include tasks already completed and expected activities through January 2005.

Major Activity (Please include the purpose and/or examples of activities if not self-evident)	Months in which work took place	Date completed (or future date when completion is expected)

8. What are the major outcomes that you have achieved?

   _____
   _____
   _____
   _____

9. What are the major outcomes that you have not yet achieved, but that you hope to accomplish before the project ends?

   _____
   _____
   _____

10. In the chart below, please list each member of your planning team in the block on the left and fill out the information in each of the remaining columns. For the rating in column 7, please use a scale of 1 to 5 in which **5=Attended always or nearly always and contributed work, ideas, or both** and **1=Rarely attended, and did not contribute work or ideas.** *Make additional copies of this page as needed.*

Name	Primary Category of Stakeholder (check only one)	Specific position and affiliation (e.g. director, County DSS; minister, First Baptist Church; caregiver to older adult; younger adult consumer with disabilities; volunteer, HDM; discharge planner, Metro Hospital)	Role on the Planning team (e.g. member, chair, secretary, support team from lead agency)	Name of Subcommittee(s) or workgroup(s)	Role on the Subcommittee or workgroup	Rate this participant's level of participation on a scale of 1 to 5.
	❏ consumer or family ❏ lead agency ❏ aging network ❏ disability network ❏ faith ❏ business ❏ local government ❏ other					
	❏ consumer or family ❏ lead agency ❏ aging network ❏ disability network ❏ faith ❏ business ❏ local government ❏ other					
	❏ consumer or family ❏ lead agency ❏ aging network ❏ disability network ❏ faith ❏ business ❏ local government ❏ other					

Name	Primary Category of Stakeholder (check only one)	Specific position and affiliation (e.g. director, County DSS; minister, First Baptist Church; caregiver to older adult; younger adult consumer with disabilities; volunteer, HDM; discharge planner, Metro Hospital)	Role on the Planning team (e.g. member, chair, secretary, support team from lead agency)	Name of Subcommittee(s) or workgroup(s)	Role on the Subcommittee or workgroup	Rate this participant's level of participation on a scale of 1 to 5.
	❐ consumer or family ❐ lead agency ❐ aging network ❐ disability network ❐ faith ❐ business ❐ local government ❐ other					
	❐ consumer or family ❐ lead agency ❐ aging network ❐ disability network ❐ faith ❐ business ❐ local government ❐ other					

Core Service Evaluation Tools

11. Which of the following best describes the way your team or sub-committees used the Service Evaluation Tools?

   ❐ Did not use tools at all➜**Skip to Question 17.**

   ❐ Looked over the tools and used them for ideas about service needs or for developing discussion topics➜**Skip to Question 17**

   ❐ One or more subcommittees used the tool in some way➜**Go on to question 14.**

12. In the chart below and on the following pages please list each core service evaluation tool that was used by the local project team or any of its workgroups/subcommittees (one per block in the column on the far left) and fill out the information in each of the remaining columns to describe how *that* tool was used.

Core Service	Dimensions Used	*Questions* Used			Manner in which data/information were used for this tool
	❐ Used *all* dimensions of tool	❐ All	❐ Most	❐ Some	Check *all that apply*
	❐ Used *some* dimensions (list)				❐ Did not try to get or use data/information
	1.	❐ All	❐ Most	❐ Some	❐ We tried to get data/information *only* for the questions we thought most important
	2.	❐ All	❐ Most	❐ Some	❐ We searched for data/information but found *little or none* of what we were looking for
	3.	❐ All	❐ Most	❐ Some	
	4.	❐ All	❐ Most	❐ Some	❐ We searched for, and found *some of the data/information referenced on the tools*
	5. _____	❐ All	❐ Most	❐ Some	❐ We found *most* of the data referenced on the tools
					❐ Service providers shared a combination of data/information and impressions from their experience
					❐ Consumers shared impressions from their experience
					❐ We used some of the data/information from the packets provided by the Division of Aging and Adult Services

Core Service	Dimensions Used	Questions Used			Manner in which data/information were used for this tool
	❏ Used *all* dimensions of tool	❏ All	❏ Most	❏ Some	Check *all that apply*
	❏ Used *some* dimensions (list)				❏ Did not try to get or use data/information
	1.	❏ All	❏ Most	❏ Some	❏ We tried to get data/information *only* for the questions we thought most important
	2.	❏ All	❏ Most	❏ Some	
	3.	❏ All	❏ Most	❏ Some	❏ We searched for data/information but found *little or none* of what we were looking for
	4.	❏ All	❏ Most	❏ Some	
	5. _____	❏ All	❏ Most	❏ Some	❏ We searched for, and found *some of the data/information referenced on the tools*
					❏ We found *most* of the data referenced on the tools
					❏ Service providers shared a combination of data/information and impressions from their experience
					❏ Consumers shared impressions from their experience
					❏ We used some of the data/information from the packets provided by the Division of Aging and Adult Services
	❏ Used *all* dimensions of tool	❏ All	❏ Most	❏ Some	Check *all that apply*
	❏ Used *some* dimensions (list)				❏ Did not try to get or use data/information
	1.	❏ All	❏ Most	❏ Some	❏ We tried to get data/information *only* for the questions we thought most important
	2.	❏ All	❏ Most	❏ Some	
	3.	❏ All	❏ Most	❏ Some	❏ We searched for data/information but found *little or none* of what we were looking for
	4.	❏ All	❏ Most	❏ Some	
	5._____	❏ All	❏ Most	❏ Some	❏ We searched for, and found *some of the data/information referenced on the tools*
	❏ Used *some* dimensions (list)				
					❏ We found *most* of the data referenced on the tools
	1.	❏ All	❏ Most	❏ Some	
	2.	❏ All	❏ Most	❏ Some	❏ Service providers shared a combination of data/information and impressions from their experience
	3.	❏ All	❏ Most	❏ Some	
	4.	❏ All	❏ Most	❏ Some	❏ Consumers shared impressions from their experience
	5. _____	❏ All	❏ Most	❏ Some	❏ We used some of the data/information from the packets provided by the Division of Aging and Adult Services

13. In the chart below, list each of the Core Service Evaluation Tools used in your project in the left hand column, then mark the appropriate box to indicate how you arrived at scores for each tool.

Core Service Evaluation Tool	Scoring Method (check all that apply)
	❐ Each work group member scored questions separately and results were summed or averaged ❐ Work groups discussed questions and assigned a score by consensus or majority vote ❐ Individual questions were discussed, but scores were not formally assigned ❐ Individual question scores were averaged to get a dimension score ❐ Dimension scores were assigned by consensus or majority vote without summing or averaging individual questions ❐ Other (describe)
	❐ Each work group member scored questions separately and results were summed or averaged ❐ Work groups discussed questions and assigned a score by consensus or majority vote ❐ Individual questions were discussed, but scores were not formally assigned ❐ Individual question scores were averaged to get a dimension score ❐ Dimension scores were assigned by consensus or majority vote without summing or averaging individual questions ❐ Other (describe)
	❐ Each work group member scored questions separately and results were summed or averaged ❐ Work groups discussed questions and assigned a score by consensus or majority vote ❐ Individual questions were discussed, but scores were not formally assigned ❐ Individual question scores were averaged to get a dimension score ❐ Dimension scores were assigned by consensus or majority vote without summing or averaging individual questions ❐ Other (describe)

Please answer questions 14 through 16 only if your team tried to find some data for one or more of the core evaluation tools.

14. Did you try to collect your own data through any of the following means? (Check all that apply.)

   ❐ Surveys (written or electronic)   ❐ Group techniques such as focus groups, town meetings or public hearings

   ❐ Interviews (phone or face to face)   ❐Other: (describe) _____

15. Please list/describe any data that you wanted/needed but were *unable to find* or for which you felt *uncomfortable with the source* of the data. For each set of data, please indicate for which tool or tools it was needed.

Data that Could Not Be Found or Found Only from a Questionable Source	Core Service Evaluation Tool for Which it was Needed	Not Found or Questionable Source?
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable
		❐ Not Found ❐ Questionable

16. Please list/describe any data that you found particularly helpful in planning.

Particularly Helpful Data Source	Core Service Evaluation Tool(s) for Which it was Helpful

Lead Agency

17. For each of the lead agency activities below, please list the members of the agency staff (by position, not name) or planning team members who did this work, and the approximate average number of hours per month they spent on this task from November 1, 2003 through June 30, 2000. (Note: you have been given space to record up to 3 staff or team members per task. This is a rough approximation. Please adjust as needed.) If *no hours* were spent on a given activity, use the "staff members" space to explain why this activity was not needed.

Activity	Staff position	Agency Staff?	Approximate hrs. /month
Identifying and recruiting appropriate members for your planning team.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Facilitating meetings (entire team or subcommittees) including developing agendas.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Orienting and updating project team members (or potential members) about the planning project .		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Orienting and updating the community about the planning project (e.g. making presentations).		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Publicity, such as developing marketing materials and contacting media.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Support tasks such as taking minutes, sending out meeting reminders, and documenting actions and decisions.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	

Activity	Staff position	Agency Staff?	Approximate hrs. /month
Managing conflicts, keeping morale high, keeping all the stakeholders involved and other diplomatic tasks.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Conducting surveys, focus groups, public hearings and other direct data gathering.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Research & compiling existing data for completing the Core Service Evaluation tools, or other planning.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Helping with project evaluation.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Creating reports about the progress in your county (e.g., presentations, email, and documents)		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Participating in initiative communications—teleconferences, phone calls, listserves, and meetings.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Grant writing and fund raising (if not applicable, indicate this in the "staff member" section)		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Arranging or providing training to the planning team.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	
Developing (or starting to develop) a strategic action plan.		❒ Yes ❒ No	
		❒ Yes ❒ No	
		❒ Yes ❒ No	

Communication with the State Team and the Division of Aging and Adult Services (DAAS)

18. How responsive was the Division of Aging and Adult Services (DAAS) to your needs?

❒ Very Unresponsive   ❒ Not Very Responsive   ❒ OK   ❒ Responsive   ❒ Very Responsive

19. What was the nature of your contact with the Division of Aging and Adult Services? Check all that apply

❒ They called me and offered general technical assistance

❒ I called them for general technical assistance

❒ I called them to discuss a specific problem or issue

❒ I called them to ask a question

❒ I attended meetings in Raleigh and/or teleconferences for this project

❒ They called me to offer specific training or resources

❒ I called them to ask for specific training or resources

❒ They brought training or consultation to one or more team meetings

❒ They visited me/my project team

❒ They sent me general information and resources

❒ Other (describe): _____

20. About how often were you in communication with one or more staff from the Division of Aging and Adult Services?

❒ Once a week or more   ❒ Once or twice a quarter
❒ 1-3 times a month   ❒ Less than once a quarter

21. Was this amount of contact. . .

❒ too much   ❒ not enough?   ❒ just about right?

22. How responsive were *other* members of the State Team (e.g. representatives of other Divisions within DHHS such as DSS, not including the DAAS) to your needs?

❒ Very Unresponsive   ❒ Not Very Responsive   ❒ OK   ❒ Responsive   ❒ Very Responsive   ❒ No contact

23. What was the nature of your contact with the State Team (not including the DAAS)? Check all that apply

❑ They called me and offered general technical assistance
❑ I called them for general technical assistance
❑ I called them to discuss a specific problem or issue
❑ I called them to ask a question
❑ I attended meetings in Raleigh and/or teleconferences for this project
❑ Other (describe): _____

❑ They called me to offer specific training or resources
❑ I called them to ask for specific training or resources
❑ They brought training or consultation to one or more team meetings
❑ They visited me/my project team
❑ They sent me general information and resources

24. About how often were you in communication with one or more members of the State Team not including DAAS)?

❑ Once a week or more
❑ 1-3 times a month

❑ Once or twice a quarter
❑ Less than once a quarter

25. Was this amount of contact. . .
❑ too much ❑ not enough? ❑ just about right?

26. In the table below, please list resources, information, and assistance, you received from DAAS and/or other members of the State Team (some are pre-listed but add any others that apply). Then check one box to indicate how helpful it was for you. You have been given three or more spaces for each type of resource; but you may have fewer—or none—in some categories and may need to add more lines in others.

	Made things worse (1)	(2)	(3)	(4)	Very helpful (5)
Training					
1. Orientation Meeting					
2. Core LTC Service Tool Training					
3. Vision/Mission/Team Readiness to Plan Training					
4.					
5.					
Written materials					
1. Core LTC Evaluation Tools					
2. Written Instructions for completing the Tools					
3.					
4.					
5.					

Advice/Technical assistance					
1.					
2.					
3.					
Data					
1.					
2.					
3.					
Any other help/resources?					
1.					
2.					
3.					

27. Were there any resources or information that you wanted from DAAS that they were unable to provide? ❒ Yes   ❒No   (If yes, please list them below.)

28. Were there any resources or information that you wanted from any *other* members of the state team that they were unable to provide? ❒ Yes   ❒No (If yes, please list them below.)

Convergence and/or Divergence in Needs and Interests of Older Adults and Younger Adults with Disabilities

29. Please rate the degree of *involvement** on the planning team of each of the following groups, by putting an X in the appropriate box:

	Not Involved at All (1)	(2)	(3)	(4)	Very Involved (5)
Older adult consumers					
Younger adult consumers with disabilities					
Family members or caregivers of older adults					
Family members or caregivers of younger adults with disabilities					
Advocates for older adults					
Advocates for younger adults with disabilities					
*Involvement means, at a minimum, that more than one or two attended meetings and shared information and opinions					

Barriers and Opportunities

30. For each of the areas listed below, please put an X in the appropriate box to describe the progress that your county is making *as a result of this Initiative*.

	Great Strides	Some Progress	Little to No Progress	Progress made, but *not* due to Initiative
Developing or strengthening core services				
Improving coordination/consolidation of local services				
Improving coordination/consolidation of local planning				
Streamlining access to services				
Reducing or eliminating barriers due to funding sources				
Enhancing public awareness of issues or services				
Enhancing public officials' commitment to reform of long-term care				

31. If you could go back in time, but retain the knowledge and experience that you have gained in this initiative. . . (Put an X in the appropriate box to rate your response from 1 to 5)

	Definitely Not (1)	(2)	(3)	(4)	Yes, definitely (5)
a. Would you apply to participate in this project?					
b. Would you apply to be lead agent?					

32. Estimate the total resources committed to this Initiative . . .

	Time	Money
a. by the lead agency	_____ hours	$_____
b. by all other participants (not lead agency)	_____ hours	$_____

33. Based on the knowledge and experience that you have gained in this initiative. . . (Put an X in the appropriate box to rate your response from 1 to 5)

	Definitely Not (1)	(2)	(3)	(4)	Yes, definitely (5)
a. Would you recommend participation in a similar initiative to other counties					
b. Would you recommend that the state require counties to participate in a similar initiative?					

Sustainability

34. Does your team anticipate continuing its planning activities after the pilot project is complete?

❒ Yes ❒ No

Thank you for completing this process evaluation tool!

If you have any questions, please contact either:

Julie Bell, Division of Aging and Adult Services	**OR**	**Mary Anne Salmon**, CARES, School of Social Work, UNC–Chapel Hill
Telephone: 919-733-0440		Telephone: 919-962-4362
Email: Julie.Bell@ncmail.net		Email: masalmon@email.unc.edu
Fax: 919-733-0443		Fax: 919-962-3653

Please return this completed form to Mary Anne Salmon no later than October 1st.

Within a week of returning your survey you will receive a phone call from Mary Anne asking you to schedule a follow-up phone interview. Questions that will be covered in the phone interview are attached as a separate document.

List of Items for Discussion During

Follow-Up Phone Call:

1. What kinds of "background" activities were necessary before the full planning team began its work (e.g. publicity activities, recruitment activities)? Who did these activities?

2. Were any special provisions made to help consumers and/or caregivers better participate (e.g. travel reimbursement, arrangements to participate by phone, transportation to meetings, respite for meeting times)?   If yes, which ones?.

3. What methods were used to communicate among team members between meetings? (e.g., conference calls, email, conventional mail, websites, individual phone calls, etc.)

4. Were minutes kept of the meetings? To whom were minutes distributed?

5. What were the greatest challenges to communication among the local project team? How did you address them?

6. Please rate how well traditional providers, non-traditional providers, and stakeholders such as businesses, the faith community, consumers, and caregivers worked together on this project. What were the strengths demonstrated in this collaboration?. What, if any, challenges occurred? How were these challenges met? How did the project benefit from this collaboration?

7. *Only for those who collected their own data*: For which services (or which Core Service Evaluation Tools) did you collect your own data? What were the benefits and challenges of collecting your own data?

8. Describe how your agency was chosen as the lead agency?

9. *If you have reported a low level of involvement for consumers, caregivers, and/or advocates of either younger adults with disabilities or older adults*, please describe your past efforts to identify, recruit, and include these groups as well as your plans to increase their participation in the future.

If you have worked extensively with consumers/caregivers/advocates for both groups:

10. What issues have been identified as similarly important for **both** the aging community (consumers, caregivers, and providers) and the disability community (consumers, caregivers, and providers)?

11. What issues have been identified as *important for the aging community* that have not been of particular interest to the disability community?

12. What issues have been identified as *important for the disability community* that have not been of particular interest to the aging community?

13. Please describe any differences that arose between the interests of these two communities and how these are being resolved.

14. Please describe any new insights, partnerships, or strategies that came directly from bringing together the opinions and experiences of the aging and disability communities.

15. Overall, what are the greatest barriers that your project has faced? What have you done to overcome them? To what degree do these barriers remain? What new methods of overcoming them are you planning?

16. What is the project team most proud of, in all the work they have done on this project? About what are you, as lead agent, most proud?

17. What is the team's most promising opportunity in the coming year?

18. *If you plan to continue after the project is complete*, what barriers do you anticipate to keeping this work going after the pilot project is complete?

19. What plans does your team have for implementing the Strategic Action Plan that has been or will be developed as a result of this Initiative?

In Addition:

In addition to these questions, you may be asked to talk about the reason for your choice form many of the "check box" items on the written tool. For example, in question 6 you are asked "Were the issues for which you identified work groups the same issues identified in your proposal?" In the phone call you will be asked either why you think they stayed the same or why you think they changed to the degree they did change.